

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission .....	17/04/2023 11:57 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/04/2023 22:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JALAN LEKAR
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU137L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JOE GREEN PTE LTD
Company Reg No .....	200613764H
Email Address .....	ARTHURLEONG.AL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88661992
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Niro
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1580

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7210141311

#### DRIVER

Name of Driver .....	LEONG KAI YUEN, ARTHUR
NRIC No .....	T0210903J
Date Of Birth .....	12/04/2002
Occupation .....	Indoor

Date Of Driving Pass .....	27/03/2021
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86839385
Alt. Phone Number .....	-
Email Address .....	AUTHURLEONG.AL@GMAIL.COM
Address .....	3 BEDOK RESERVOIR VIEW, AQUATIUS BY THE PARK
Address complement .....	#12-03
Postcode .....	478927
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHMENTS.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FR1632D
Vehicle Manufacturer .....	Honda
Vehicle Model .....	XR400

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	ZAIN
Contact Number .....	(Phone) +65-90128977
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZAIN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LIGHT ABRASION
Injured person in which vehicle? .....	FR1632D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

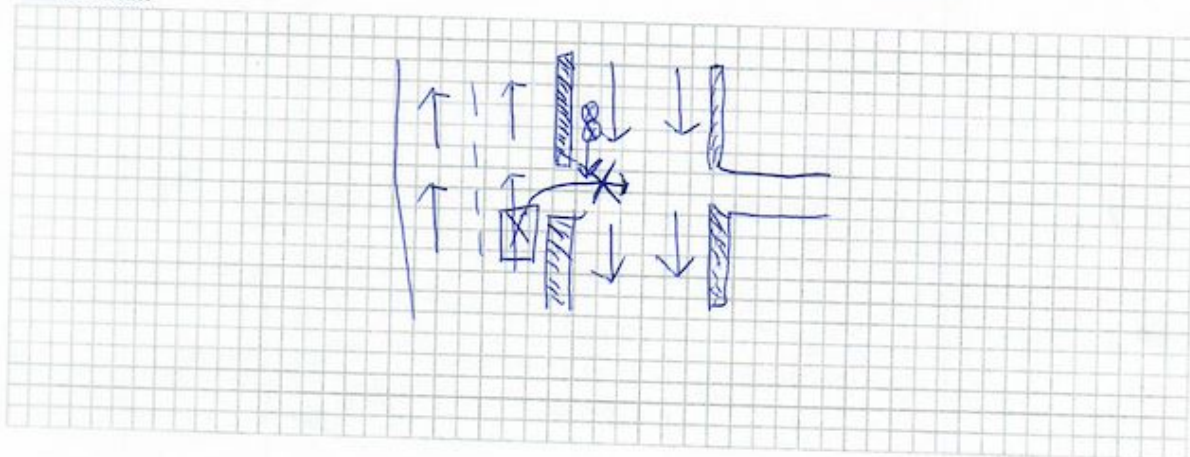
**SKETCH PLAN****IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

1149 18 Apr 23  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

tjm  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**


## Describe Circumstances of the Accident


REFER TO POLICE REPORT

## Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





















































**SINGAPORE  
POLICE FORCE**



T/20230415/2019

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20230415/2019

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G /  
SR STAFF SGT HAIRUL IDRIS  
BIN DULAINI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 96192037

Signature Of Informant:

Date/Time:  
15/04/2023 09:39

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20230415/2019

2 of 3

Report No. T/20230415/2019

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ZAIN	ID No.	NIL
Related Vehicle	FR1632D (Motorcycle)	Contact No.	90128977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	LEONG KAI YUEN, ARTHUR	ID No.	T0210903J
Related Vehicle	SLU137L (Car)	Contact No.	88661992
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/04/2023	Date Discharge	15/04/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 14/04/2023 at about 2200hrs, I was driving my company car, SLU137L, travelling along Old Choa Chu Kang Road on the right lane and I signaled right to turn into Jalan Lekar. I checked the opposite direction to ensure there was no vehicles before I make the right turn. I proceeded to turn right and when I was turning into Jalan Lekar, my rear left side of my car got hit and I thought I had hit the center road divider. I moved forward into Jalan Lekar and stopped there. I went out of my car to assess what happened and that was when I realized that a motorcycle had hit my car. I didn't see the motorcycle at all and didn't notice anything until I was out of the car. I saw the motorcycle was lying on the road and the rider was seated on the road. I approached the rider to check on his wellbeing and at that moment, I didn't feel anything yet. The rider told me he was fine and other passerby had stopped to help. The passerby had called for ambulance and I went to check my car for the damages. My car had a dented rear left door, a part of the rear bumper broke and came off. Those are the damages that I could see at that point of time as it was at night and the area was not that bright. After checking on the rider the second time, I saw that he had suffered abrasions on his hand and leg. The motorcycle he was riding had a bent front tyre and slight damages in the front. The ambulance then arrived shortly after and did a check on me and the rider and that was when my Next of Kin arrived at my location. I handed over the car to my mother as I was assessed by paramedic due to my anxiety and hyperventilation and I was to be conveyed to Ng Teng Fong Hospital. I am lodging this report for record purposes as both myself and the rider were conveyed to hospital to be further medically assessed and treated and also for insurance purposes.